

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	10/537,455
Filing Date::	
Application Type::	371 National Entry
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCER
Attorney Docket Number::	701039-050025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	

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Licensed US Govt. Agency::	National Institutes of Health (NIH)
Contract or Grant Numbers::	R01CA37393
Secrecy Order in Parent App.?::	

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
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Middle Name::	
Family Name::	Zetter
Name Suffix::	
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State or Province of Residence::	MA
Country of Residence::	US
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City of mailing address::	Wayland
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	01778

Applicant Authority Type::	Inventor
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State or Province of mailing address::	MA
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Applicant Authority Type::	Inventor
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REPRESENTATIVE INFORMATION

Representative Customer Number::	50828
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OR

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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2004/000447	01/09/2004
PCT/US2004/000447	An application claiming the benefit under 35 USC 119(e)	60/438,861	01/09/2003

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FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
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City of mailing address::	Boston
State or Province of mailing address::	MA
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Date: _____ Respectfully submitted,

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